

NON-USE OF VEHICLE OR OUT OF STATE INSURANCE AFFIDAVIT

OWNER INFORMATION								
Last Name			First Name		Middle Initial			
Address								
City			State		ZIP			
Date of Birth			Driver License Number					
VEHICLE INFORMATION								
Make			Model		Year			
Vehicle Identification Number (VIN)			Plate Number					
PERIOD OF NON-USE								
<input type="checkbox"/> Vehicle is not being operated by the owner and the owner shall not permit any other person to operate the vehicle during the following time period.			CANNOT EXCEED 12 MONTHS					
			FROM			TO		
			Month	Day	Year	Month	Day	Year
You must have insurance coverage on another vehicle that you own in compliance with §42-3-105(1)(d)(I).			Insurance Company		Policy Number	Effective Date		
OUT OF STATE INSURANCE								
<input type="checkbox"/> I am a resident of Colorado temporarily residing outside of Colorado and have purchased insurance for the above vehicle from a company located in the state in which I am temporarily residing.			Insurance Company		State	Policy Number	Effective Date	
			Please attach proof of temporary out of state residency (i.e. Student Identification Card, Utility Bill, etc.)					
<i>I certify, under penalty of perjury, that the above statements are true and accurate to the best of my knowledge.</i>								
Signature					Date			

NOTE: This affidavit must be completed annually.

Please return this form to the County Clerk in the county of your permanent residence.